

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        | 09/09/00 |
| O.I.P.E. CLASSIFIER       |          | 32     | 2/15     |
| FORMALITY REVIEW          |          | 7178   | 3/24     |
| RESPONSE FORMALITY REVIEW |          | 7175   | 4/20     |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Date              |
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| 1     | Original 11/26/00 |
| 2     | ✓ 10/26/00        |
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| 18    | ✓ 11/1/00         |
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| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy